

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	H-S	8	01/11/01
FORMALITY REVIEW		866	01/19/001
RESPONSE FORMALITY REVIEW	SK	899	5/3/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1-10/1/02
2	2-11/1/02
3	3-12/1/02
4	4-1/1/03
5	5-2/1/03
6	6-3/1/03
7	7-4/1/03
8	8-5/1/03
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10	10-7/1/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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